FOR STATE TO DICTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the leaves is necessary, please facute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the least director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03538

	CE OF DEATH				2. USUAL RESIDE	NCE (Where de	ceased lived, If	institution: Rasio	ience before	edmission
	ounty Somerset			MARYLAND	a. STATE	ryland	b. COUN	NTY -	erset	
b. C	TY OR TOWN (if	outside corporeta limi	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	D	orata limits, write			wn)
	write RURAL and ames Qua	give naerest town)		Life						
-			(if not in hospi	tel, give street address)	d. STREET ADDRES	3 Quarte	I.		1 0 15 0	ESIDENCI
	7.11.2 01 1103.11	AL OK INSTITUTION ((ii noi iii nospi	ioi, give silvei addiess)	O. SIRELY ADDRES					A FARM?
	ME OF EASED	First		Middla	Last	4. DATE	Month	D.	by Yes	ır
	e or print)	Fran			Bivens	DEATH	Mar	. 10	19	61
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	R IF UNDER	24 HRS
Ma:	le	Colored	WIDOWED		9/6/1904		Jost birthdey)	Months Day	s Hours	Min.
0a. U.	UAL OCCUPATION	ON (Give kind of world	k 10b. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sta	ita or foreign cou		12. CITIZEN	OF WHAT	COUNTR
474	eafood	king life, even if retire		aterman	Manular	2		IT C	. A	
	HER'S NAME		1 634	A OOL HELLI	Marylar			Uer	5.A.	
	Frank	Teagle			Bertha					
5. WA	S DECEASED EVE	R IN U.S. ARMED FOR	RCES? 16. SC	OCIAL SECURITY NO. 17. I		Daveno	Address			
(es, no	, or unkown) (If	yes give weror detes of s	service)			Town of			27.2	
1 1B.	CAUSE OF DE	EATH [Enter only one	cause ner line	a for (a) (b) and (c))	Nellie Biv	vens	Dames	Quarter,	MC.	TWEEN
1									ONSET AND	DEATH
PART I DEATH WAS CAUSED BY: Accidental Drowning							Minu	tes		
DUE TO										
	ditions, if any,	1 (-)		l in ditch in	front of ho	ome and	unable i	o get		
gav	e risa to immadla	te cause	Felt	l in ditch in	front of ho	ome and	unable i	to get		
gav (e)		derlying DUE TO	Fel.	l in ditch in	front of ho	ome and	umable i	to get_		
gav (e)	e risa to immadla , steting the un se last,	derlying DUE TO	Fel. out	•					19. WAS	AUTOPS
gav (e)	e risa to immadla , steting the un se last,	derlying DUE TO	Fel. out	L in ditch in					PERFC	PRMEDZ
gav (e) cau	e risa to immadla , steting the <u>un</u> se last. PART II. OTHER	derlying DUE TO (c) SIGNIFICANT CONDITION	Feltout.	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASE C	CONDITION GIV			
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20e PRII CA 20c 7: 21.	e risa to immedia, steting the unse last. PART II. OTHER EXTERNAL CAI MARY OF CONUSE OF DEATH. TIME OF INJUR OHOUR a.m.	te cause deriying DUE TO (c). SIGNIFICANT CONDITION OF THE CONTRIBUTING 12 (c). TY Month, Dey, Ye. 3/10 196. at I took charge contribution of the cause of th	TIONS CONTI	E HOW INJURY OCCURED. (E LO POAD-SIDE (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (JURY OCCURRED (inter nature of Injury in Factor Litch CE OF INJURY (Homa, foory, street, office bidg., editch Id an Autopsy [],	Pert I or Part II of arm, 20f. (City Ide.)	itam 18.) or town) Quarter- [X], Inquir	(County) -Somerse	YES Ma	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03539

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	n: Residence before admission)					
	Somerset	MARYLAND	Maryland	Somerset					
	b. CITY OR TOWN (If outside corporate limits RURAL and give neorest tawn) Crisfield	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RU Marion Station	RAL and give nearest tawn)					
1	d. NAME OF HOSPITAL (If not in haspital, gi OR INSTITUTION	ve street address) morial Hospital	d. STREET ADDRESS Route #1 Box 164	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF Firs DECEASED (Type or print) GEORG		BOSWELL 4. DATE Month	Day Year 22 19 61					
I	Mala white	7. MARRIED NEVER MARRIED		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.					
7	10o. USUAL OCCUPATION (Give kind of work d during mast of working life, even if retired)	One 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME Henry Boswe	11	14. MOTHER'S MAIDEN NAME Sennolla Hall						
	15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give wor or dates of ser	ovice)	isy Boswell, Marion,	Maryland					
	1B. CAUSE OF DEATH [Enter only one couper of the couper of	Mente Mil, of 1	heart decongensation +	INTERVAL BETWEEN ONSET AND DEATH 7 - 4 Luxu -					
	gove rise to immediate couse (a), stating the under-lying couse last. Couse (b)	lardiac and	lhma	Joans -					
7	PART II. OTHER SIGNIFICANT CONE Dan Charles Part II. OTHER SIGNIFICANT CONE Part II. OTHER SIGNIFICAN	PITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	20c. TIME OF INJURY Month, Doy, Yea Hour o. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at wark of war							
	sow the deceased alive on 3	21. I certify that (I) (this hospital) attended the deceased from. 3-11 1061, to 3-22 1961, that (I) (we) last							
	22a. SIGNATURE	auley	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type) C. G. Raw	ley, M.D.	Crisfield, Mary	la nd					
)	230. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) March 24								
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE					
	Bradshaw & Sons, Cris	field, Maryland	DATE MAR 2 7 '61 Chi	Elwa S. Kraus					

may be (ned by the haspital ar attending physician.

DefuneR. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO FUNER

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNER, DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3

546	CERTIFICATE	OF	DEATH
140	OEKINI IOATE	•	DEALL

Reg. Dist. No. (13541)

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)		
	6. COUNT SOMERSE! MARYLAND	a. STATE MICH b. COUNTY SO	mersel		
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)			
8	11/24/07 S17/107	Marion Stalion			
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) Gevenia & Middle	Butter 4. DATE OF DEATH Mar.	Day Year		
	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sample of the state of the	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
1	10a. USUAL OCCUPATION (Give Wild of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE TState or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME Handy Hall	14. MOTHER'S MAIDEN NAME LOVIZ VOUNZ	W.		
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes. ngs og unknown] If yes, give war or dates of service]	John Wesley Hall-Mario	nSta, Mi		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Topic My	ocarditi	2 week		
1	DUE TO DO TO	B	2		
	Conditions, if any, which gave rise to immediate DUE TO 2	in / commu	2 months		
	lying couse lost. (c) Mulastatic Waln	wearemone of right break	15 month		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Concinent Armed Ly Crops 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
)		ED. (Enter nature of injury in Part I or Part II of item IB.)			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. p. m. 19 While Not white at work at work	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caclory, street, office bldg., etc.)	County) (State)		
H	21. I certify that I attended the deceased from	, 1960, to Man 8, 1961, that I	last saw the deceased		
1	alive on 126, and that deat	h occurred at 5-4M, from the causes and on the			
Ĭ,	SIGNATURE G.N. Ban	ADDRESS (Street, city or town, state) M.D.	3/11/6/		
	PHYSICIAN'S A.N. BARR	CRISF/GLO	MO		
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Maye 12, 1961 Wards N	REMOND 22d. LOCATION (City, town, or county) Marion Star, So	om Cor, Md		
	23. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward-Marion	Sta MAR 2 0 61 246. REGISTRAR'S SIG	SNATURE S. Phane		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 E OF DEATH

547	CERTIFICAT
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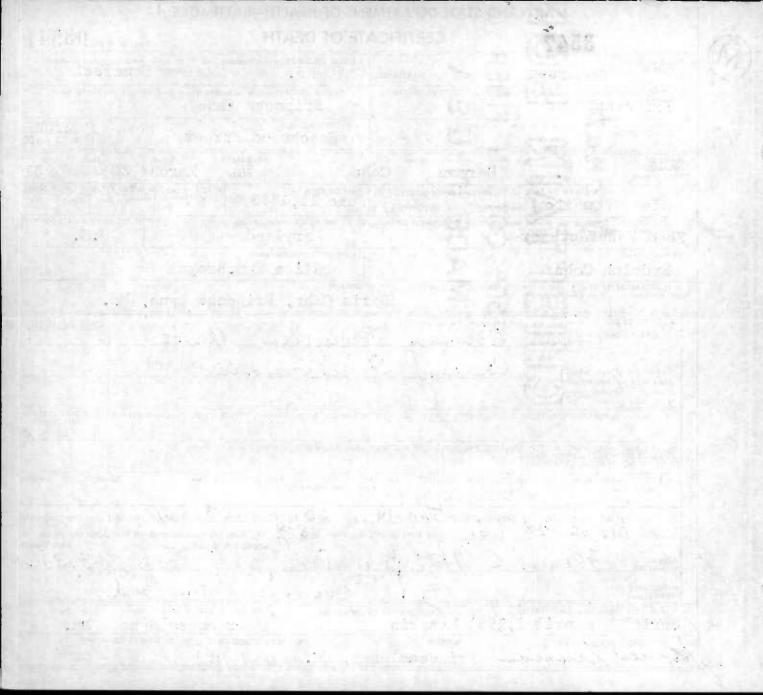
03541

0047	Reg. Dist. No. USU X 1
D. PLACE OF DEATH O. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Md. b. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write REAL and give process Finne	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. street address Beechwood Street e. Is residence on a farm? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) E. Herman Co	ohn Lost 4. DATE Month 30 Day Yeor 19 61
s. sex male 6. color or race 7. married Never married widowed Divorced D	B. DATE OF BIRTH June 11, 1883 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS loss/oblyhday) yrs. Months Doys Hours Min.
(00. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDI- during grost of working-life, even if retired) Feed Manufacturer	USTRY 11. BIRTHPLACE (Stote or foreign country) Maryland U.S.
3. FATHER'S NAME Rudolph Cohn	14. MOTHER'S MAIDEN NAME Alice Humphreys
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	oris Cohn, Princess Anne, Md.
Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> (b) (b) (b) (c) (c)	literes clerosis
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO X
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
21. I certify that I attended the deceased frame and 14 alive an March 28, 1961, and that deat ACTUAL SIGNATURE Thomas C. Italian	th accurred at 8 A.M. fram the causes of the ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
PHYSICIAN'S NAME (Type)	Salisbury, Maryland
226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF April 1, 1961 Manokin	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Princess Anne Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DE 1 DOGG AL	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

rs after death. Page 4 ely filled the y the funeral director, Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hamay be at by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 at the registrar prior to burial, cremation, ar removal, and in ony event within 72 hours offer deoth.

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATEMAR 3 0 '61

		3348		CERTIFIC	A	TE OF DEATH	5		Reg. Di	st. No.	()	5542
	LACE OF DEATH COUNTY Somer	eet		MARYLAND	- (1	2. USUAL RESIDENCE (Whe o. STATE Waryland	ere decease	d lived. If institution by COUNTY OME I		nce befor	e odmiss	ion)
ŧ	CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF ou	utside corpo	orate limits, write RL	JRAL and	give nea	rest towr	1)
C	hamp			73 years		Champ						
	I. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ve street o	ddress)		d. STREET ADDRESS			1			FARM?
	IAME OF ECEASED	Fire	it	Middle		Last	4. DATE OF	Mont		Day		Year
	Type or print)	Albert		l. Dash	-		DEATH	March				1961
5. S		6. COLOR OR RACE		ED NEVER MARRIED	1	DATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days	Hours	Min.
	male	white	WIDOWE			une 3,1887		YO yrs.				
	during most of wor	king lite, even it retired		CIND OF BUSINESS OR INC	DUSTR		or foreign c	ountry)		S.		COUNTRY?
13. 1	ATHER'S NAME					14. MOTHER'S MAIDEN NA	AME					
5.4	Sydne	Dashiel	1			Virginia '	Wind	sor				
	MAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	. INF	ORMANT		Addr	ess		HTT.	
					Mr	s. Nellie	Dash	iell Ch	amp	. Me	1.	
	18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (a), (b), and (c).]							RVAL BE	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	M	yocardial :	in:	farction					Inu	
	420,0	DUE TO								7		
	Conditions, if	ony, which) (b)		rterioscle	ro.	tic heart d	lisea	se		У	ear	S
5	gove rise to cause (a), stoting	mmediate (DUS TO							14.51			
	lying couse last.	(c)										
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT N	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PAR	T 1(a) 15	PERFO	AUTOPSY RMED?
RIFIG	20a. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUR	RED.	(Enter noture of injury in Po	ort I or Par	t II of item 18.)				
	(IF EITHER, NOTIF)	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yeo	While	Not while		E OF INJURY (Home, form, ry, street, office bldg., etc.)		or town)	(County)		(State)
		hat I attended the	decease	d from 3-25-6	51	. 19 . ta 3	3-25-	61 , 19	Abox I	last sa	41	d
		-25-61	10			accurred at 10A						
	unve un			-/-, dild illoi ded	1111 0			treet, city or town, s		ne dai		ed above. ATE SIGNED
	ACTUAL SIGNATURE	I were	8/1	acti	м.			er, Mar		d		7-61
	PHYSICIAN'S NAME (Type)	Everett	C.Su	tter MD								
22a	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO		22c. NAME OF CEMETERY	OR	CREMATORY	22d. LOCA	TION (City, town, o	county)		(Stote	e)

Princess Anne, Md.

TO HOSPITAL TO FUNER VS A15 (4) 15M 9/\$\$

burial

23. FUNERAL DIRECTOR'S SIGNATURE

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

RECTOR: After this certificate has been signed by the attending physician and campletely filled

page 3 shawd be detached for use as the burial-transit permit. Then please remove carban page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death

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	toshalk afalasik Managarak		
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	Targett James - 21		4.4
		and the market	O description of the contract of
	CANADA TAR TARRA	ANTONO DE SET	

FOR STATE HEALTH DEPT I director. Page or your files necessary, Your S State us after death. If and \$1, 2, and \$2 to the sage 5 may be retain 1 and 2 with the \$7 to hours after death ould be executed within 24 hours after in pencil in frem 18. Give Pages 1, 2, at Page . File pages form PM3. permit. Office along with for buriel-transit permit. This certificate should be executed removal ase exertificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C PUNERAL DIRECTOR: Page 3 should be used as a b 5 cremation, 0 prior agent, designated should DEP

CERTIFICATION

Burial

23. FUNERAL DIRECTOR

Mar. 6, 1961

Bradshaw & Sons, Crisfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Crisfield Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? McCready Memorial Hospital (minutes) 101 W. Main St. YES NO NAME OF Middle 4. DATE DECEASED EDWARD SNEADE **EVANS** 19 61 (Type or print) March 3. DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Male Sept. 18. 1891 WIDOWED [DIVORCED 10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seafood USA Maryland Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mitchell Evans Phoebe ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyespive werordeles of service) Edw. S. Evans, Jr., 101 W. Main, Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Was dead when seen by me -ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 - 10 min IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (a), steting the underlying lingina pestoria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/4/61 EXAMINER'S C. G. Rawley, M. D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify)

Pocomoke City, Maryland

arthur & Hours

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATE MAR

Baptist Cemetery

ADDRESS

VS. A15ME 5M 7/59

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FOR STATE HEALTH DEPT.

MARYLA

Division 35 TAXISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (13544)

HEALTH DEPT.	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
一声。 83		o. COUNTY Somuset MARYLAND	a. STATE Many 6 16. COUNTY / Cost
File Pa	-	b. CITY-OR, TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR IOWN (If outlide corporete limits, write RURAL and give neerest town)
A Source of the state of the st		white RURAL and give nearest town	R. 6 11-10 144
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS O. IS RESIDENCE
al di	,	of the of the or manner of the morning give sheet edgessy	ON A FARM?
State eath.			Marphon YES NO I
the tretained state death.		NAME OF DECEASED A First	Last V4. DATE Month Dey Yeer
h. If a to the be related the desired the		(Typa or print) the Helin /Va	whens DEATH March 18 1961
d 3 th with with	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ma ma	1	- WIDOWED DIVORCED	T-ul, 12 1932 19 yrs. Months Deys Hours Min.
of 5.		. USUAL OCCUPATION (Give kind of work 10b. KND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 s 1, s 2, s 2, s 2, s 2, s 2, s 2, s 2	ao	Museursh	Roch Hall Rocks Wed MCA
3. F	13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME
PA Pa Pa		Pert B. Th.	Ol 14.
E E E	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mara Hynson NFORMANT Address
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	(Ye	s, no or unkown) (If yes giva war or dates of service)	M. D +1 D/11/11/11/11
ted wiff any		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Maia Buller - Mik Itall, Mal :
in It		PART I. DEATH WAS CAUSED BY:	ONST AND/DEATH
cil alor		IMMEDIATE CAUSE (e)	wat they rem . Therener .
Ded Co		DUE TO	
Per Gried		Conditions, il any, which	
red red		gave risa to immediata cause (e), stating the underlying DUE TO	
or or		cause lest. (c)	
"pe xan use ion	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ord al E	F		YES NO
Ge dd w	CERTIFIC		inter nature of injury In Part I or Pert II of item 18.)
Sh A A Sh	GE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
hief bur	S	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)
Page of	MEDI	3.45 Hour a.m. 4-18 1961 at work at work	ory, street, office billy, sto Character Grand Con
Tion Tion	1	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
THE PLANT THE PARTY OF THE PART		death resulted from: Natural causes , Accident , Suici	
Se de la constant de		death resulted from: Trainial causes, Accident, Suici	CHIEF MEDICAL EXAMINER
MED orwa	-	ACTUAL PROLO	hand
M et o Tate		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
Sign Sign		EXAMINER'S P 4 T.	DEPUTY MEDICAL EXAMINER A 18-6
DEP N ease execute should be fo FUNERAL r its designate	22.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (State)
O S & P =	228	REMOVAL (Specify)	A + TP / // 10 /21 /
5 g 4 6 g	1	Jurial May, 21/6/ Marphoun.	Umiling Ink Hall Maryland
VS. A15ME	2,3	FUNERAL DIRECTOR ADDRESS	740. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/60	1	Garon V. Williams Chiefertin	Med, DATE MAR 22'61 Civilian S. France
		/	

THE THE THE THE THE THE THE THE CALLED TO A RESIDENCE OF THE PARTY OF THE PA The first of the second of the SASSAND. M. D. STORES after death. Page

executed within 24

that the death certificate be

ATTENDING PHYSICIAN: The law

OR

CERTIFICA

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED |

CCREADY MEMO. HOSP.

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED D

CHARLES

10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]

DUE TO

DUE TO

Year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU

20b. DESCRIBE HOW INJURY OCCURR

Nat while

at wark

20d. INJURY OCCURRED

NEGRO

3551

SOMERSET

b. CITY OR TOWN (If autside carporate limits, write

RISFIELD d. NAME OF HOSPITAL (If nat in haspital, give street address

RURAL and give nearest tawn)

LADOCET

Canditians, if ony, which

gave rise to immediate

cause (a), stating the underlying cause last.

20c. TIME OF INJURY Manth,

BURIAL, CREMATION,

24. FUNERAL DIRECTOR'S SIGNATURE.

REMOVAL (Specify)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

PLACE OF DEATH a. COUNTY

OR INSTITUTION

NAME OF

DECEASED

S. SEX

(Type or print)

MALE

13. FATHER'S NAME

TE OF DEATH	MARYLAND	()	3545
2. USUAL RESIDENCE (Where deceased a. STATE MARYLAND	h COUNTY	SOMER	
c. CITY OR TOWN (If autside carpor	rate limits, write R	JRAL and give ne	arest town)
CRISFIEL	D /		
ROUTE 1, Box 20	8		e. IS RESIDENCE ON A FARM? YES NO
HOLLAND 4. DATE OF DEATH	MAR CH		6 19 61
8. DATE OF BIRTH MAY: 10, 1885	9. AGE (In years last birthday) yrs.	Manths Days	Haurs Min.
11. BIRTHPLACE (State or fareign co	nd .	12. CITIZEN O	F WHAT COUNTRY?
NFORMANT HOELENE G. T.	ranth A	int	ERVAL BETWEEN SET AND DEATH
rates - intestini	type	6	days
T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ED. (Enter nature of injury in Part I ar Part	II af item 1B.)		YES NO
LACE OF INJURY (Hame, farm, clory, street, affice bldg., etc.)	ar tawn)	(Caunty)	(State)
1/14/2/19			nat (1) (we) last e stated above. 22b.DATE
ATTENDING MED.	STAFF		2 SIGNED

al director, filed with funeral pe shauld N and Pages 1 fille haurs after death completely papers. and carban 72 physician event, with remove attending please ond the þ permit. by the haspital ar attending physician.

CTOR: After this certificate has been signed detached far use as the burial-transit permi crematian, DIRECTOR: After this certificate detached far use

TO FUNE VR A15 (4) 15M 9/59

Haur a.m. While at wark 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on 22a, SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF

PHYS. 22d. ADDRESS

ISFIELD. MARYLAND

23c. NAME OF CEMETERY OR EREMATORY

20e. F

LOCATION (City! tolkin, ar caunty)

25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

DATMAR 1 3 '61

arthur S. Krous

Kevite / Box 208

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24-03-242

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TO FUNE

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	3552	CERTIFICA	ATE OF DEATI	Н		Reg. Dist. No	03546
PLACE OF DEAT a. COUNTY	M M M M	MARYLAND	2. USUAL RESIDENCE (W	here deceased li	ved. If institution b. COUNTY		
b. CITY OR TOV RURAL and gi	VN (If autside carparate limits, write ive nearest tawn) Vernon	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write R	URAL and give ne	earest tawn)
d. NAME OF HO OR INSTITUTE	OSPITAL (If nat in haspitat, give streetON	et address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	David S	Middle tansbury Ho	last	4. DATE OF DEATH	March	19,	y Year 1961
5. SEX male	2 4 3	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 2, 1883	9.	AGE (In years last butteday) yrs.	Manths Doys	Haurs Min.
Retired	PATION (Give kind of work dane 101 working life, exen it retired) School bus dr	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylan	_	ntry)		F WHAT COUNTRY
13. FATHER'S NAMI	vid W. Horner		14. MOTHER'S MAIDEN		ks		
1S. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		ary Horner,	Mt. V	ernon,	Maryla	and
gave rise to cause (a), state lying cause	if any, which to immediate thing the under- last. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBU	T WAS UNDERLYING 20b. DE TING 20be of Death STIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II	af item 18.)		YES NO
20c. TIME OF II	NJURY Manth, Day, Year 20d.	f_	ACE OF INJURY (Hame, farr ctary, street, affice bldg., etc	m, 20f. (City ar	r tawn)	(Caunty) (State
21. I certify alive an	y that I attended the deced March 10, 19		1957, 10 M n accurred at 50 M M.D. Pins			d an the date	w the decease e stated abave DATE SIGNE
PHYSICIAN'S NAME (Type)	201	· U	Soli	, buc	7	md.	
22a. BURIAL, CREM REMOVAL ISP	1 ^{cify)} 3/21/61	Asbury Cem	tery	22d. LOCATIO	Verno	n, Md.	(State)
28. FUNERAL DIREC	CTOR'S SIGNATURE	ADDRESS Princes	s Anne, Md	ARY REGISTRA		other S. Ki	

TOUGH. 100 2 - 1 THE WAR GIVE A PROPERTY Herman ht. Manen, Sargian. . DOE . TELEVISION THE STATE OF

FOR STATE HEALTH DEPT. lay is necessary, reral director. Page ed for your files. te Board of Health, TO DE IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necepheases a scule the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Carla director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72-frows after death. VS. AISME

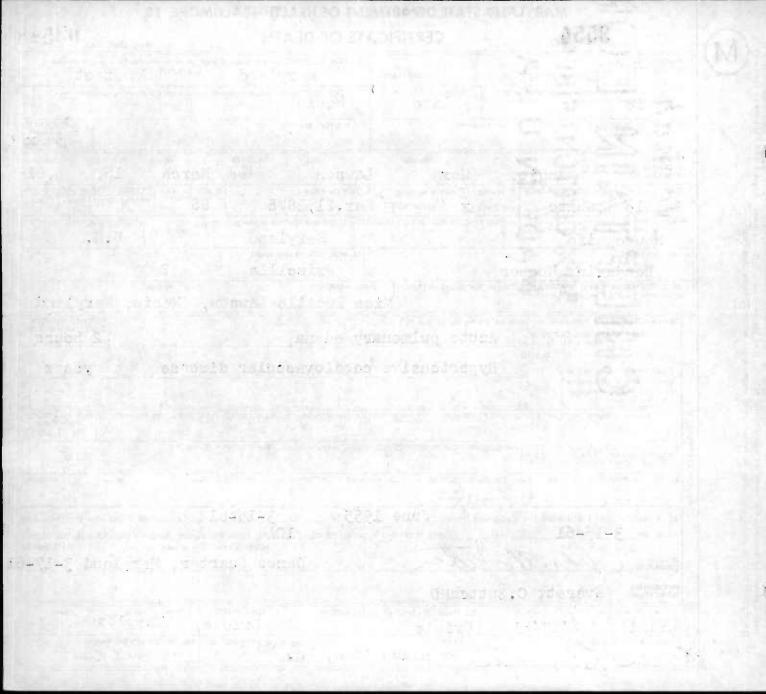
SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3	553 ME	DICA	L EXAMINER'S	CERTIFICAT	TE OF	DEATH		0354	7
1,	PLACE OF DEAT	Н			2. USUAL RESIDEN	ICE (Where			sidanca before	e edmission)
1	Some	erset	nits.	MARYLAND c. LENGTH OF STAY IN 1b	a. STATE Mary		b. COUN	So	merset	
Y	write RURAL and	d give nearest town)			X		1000	NONAL GIRG S	Aira magiesi i	JWII)
-	d. NAME OF HOSP	Westover, N	if not in ho	Life spital, giva street eddress)	d. STREET ADDRESS	Manok	in		e. IS	RESIDENCE
									_	N A FARM?
3.	NAME OF DECEASED	Firs	1	Middla	Last	4. DATE	Montl	1	Day Ye	eer
L	(Typa or print)	Geor	ge	Alonzo	Horsey	DEAT	Marc.	-	5 1	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Da		ER 24 HRS.
-	Male	Colored	WIDOWE		February 17	,1934	27 yrs.	Mollins Da	Hours	Min.
		ION (Give kind of wor orking life, aven if retir		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZE	EN OF WHAT	COUNTRY?
40	General L	aborer	S	eafood	Marylan			U.	S.A.	
13	. FATHER'S NAME				14. MOTHER'S MAIDEN					
10	Leon Hors	EY PER IN U.S. ARMED FO	norca Lac		Emma Can	non				
(Y	as, no, or unkown) [If yes give we rordates of	service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
-	Yes	1956		11-32-0108 lina for (a), (b), and (c).]	Leon Hor	sey	Ma	nokin,		
		H WAS CAUSED BY		ina for (a), (b), and (c).					ONSET AND	
	080	MMEDIATE CAUSE (a)		Accidental Dro	wming				None	1
3	750	DUE TO						0.00		
	Conditions, if eng	iata cause								
	(e), steting the u									
z	cause last.	R SIGNIFICANT COND		TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NAL DISEASI	E CONDITION GIV	FN IN DART 1	-11 10 WAS	ALITORSY
CERTIFICATION							e constituent on	elt lit i vet il	PERF	ORMED?
IFIC/	20e. EXTERNAL C	AUSE WAS 1	DESCR	IBE HOW INJURY OCCURED. (Enter nature of injury in Pe	rt I or Part II o	of item 18)		YES [ио 🔀
CERT	200. EXTERNAL CAPRIMARY TO OF CO	ONTRIBUTING [
	20c. TIME OF INJU	11	or 12Dd.	apsized and bo	CE OF INJURY (Home, fare	SW 111.	ity or town)	(County	()	(State)
MEDICAL	Hour -e-m.	3/5/ 196	_ While	Not While fact	tory, street, office bldg., etc	:.)				
>	2:15 p.m.	777		nains described above, he	k Creek		F.D. Wes			
	death resulted			Accident XX Suice		Inspection	ndetermined m	LAIR	and in my	opinion
	000111 10301100	0.10	7	Accident Mr. Suic	CHIEF MEDICAL			attitei		
	ACTUAL SIGNATURE	MAL	Lus	ou ms			_		DATE SI	GNED
	EXAMINER'S				DEPUTY MEDICA	L EXAMINER	XX.		, ,	
L	NAME (Type)	R. H. Joh			Address (Streat,	city, town, o	roominince	as Anne	3/7/6	ol
22	REMOVAL (Specify		OF	22c. NAME OF CEMETERY OF	RCREMATORY	22d. LOCA	ATION (City, lown	, or country)	(St	tate)
_	rial	3/9/61		John Wesley		Cottag	e Grove			Md.
23	FUNERAL DIRECTO		-	ADDRESS	24e. REG	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	NATURE	
	William H.	. James Jr.	P	rincess Anne,	Md. DATEMA	IR 9 '6	11 an	Thur & A	anua.	

THE STATE OF THE S MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



hours after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

3555

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

					00		•
CE	RTI	FIC	ATE	OF	DE	ATH	ı

03549

0000	OEK/III IO/	TIE OF BEATH		(, 0 0 - 0
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	~
SOMERSET		MARYI		SOMER SET
 b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 	write c. LENGTH OF STAY IN 1b	120	itside corporate limits, write RL	JRAL and give nearest town)
CRISFIELD	71	CRISI	TIELD	
d. NAME OF HOSPITAL (If not in haspital, give 1 COVE STREET, CR	Control Control - Control - Control	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1 COVE STREET, CR	RISFIELD, MD.	1 1 Cor	E STREET	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Yeor
(Type or print)	H	MADDRIX	DEATH MARC	H 15 1961
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
W	IDOWED DIVORCED	1-28-1890) Jost birthdoy) yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dor	ne 10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Machinist	Marine Engines	MARYLAN	-	U.S.A.
13. FATHER'S NAME	THE THE DIETHOR	14. MOTHER'S MAIDEN N		0.0.4
JAMES MADDRIZ	·			
15. WAS DECEASED EVER IN U. S. ARMED FORCE		VIRGII	VIA WARD	nec .
[Yes, no, or unknown] (If yes, give war or dates of servi	ce)	DNA MADDRIX		
1		ONA HADDRIA	C, CRISFIEL	
18. CAUSE OF DEATH [Enter only one cause				INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	VENTRICULAR]	FIBRILLATIO	N	
SUE TO				
Conditions, if ony, which) (b)_	ARTERIOSCLER	OTIC HEART	DISEASE	UNKNOWN
gave rise to immediate couse (a), stating the under-				
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDIT	TIC ARENTA			PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20	DUS ANEMIA B. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part 11 of item 18.)	To La Maga
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City or town)	(County) (Stot
20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m.	While Not while fo	ctory, street, office bldg., etc.		(County) (Sion
	at wark at work		1 7 15	0.4
21. I certify that (I) (this hospital)	attended the deceosed from	NOVEMBER 10	Q to 3-15-	, 16 1/2 , that (I) (we) la:
saw the deceased alive on 3-1	5 1961, and that 6	death occurred of	Proin the couses one	d on the dote stated obove
22g. SIGNATURE				22b. DATE SIGNE
Charles W. X	Myon	M.D. PHYS. ME	D. STAFF	SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
CHARLES H	I. LITHGOW, M.	D. CARSON	BILDG. C	RISFIELD. MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, o	
REMOVAL (Specify) Mar. 18,19			Crisfield, Mo	i.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Bradshaw & Sons-	Crisfield, Md.	MA		Thun S. Flians

DATE

nay be need by the hospital or ottending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL TO FUNER VR A15 (4) 1SM 9/S9

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A CHARLES			Comments of the comments of th

ADDRESS

Crisfield, Md.

24a. REC'D BY REGISTRAR

DATE APR 6

24b. RÉGISTRAR'S SIGNATURE

Cirting S. Traus

death. 24 00 page 0 VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

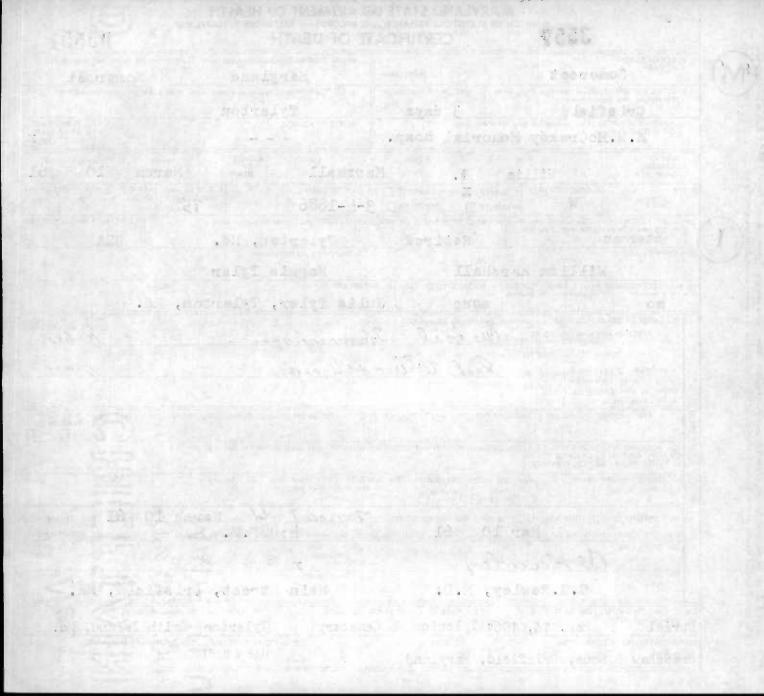
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 3557 CERTIFICATE OF DEATH

03551

1. PLACE OF DEA	Somerset -			MARYLAND	0.5	TAL RESIDENCE (W	here deceased	d lived. If instituti b. COUNTY	1	befare odm	issian)
RURAL and	OWN (If autside carporate lingive nearest tawn) risfield	nits, write		STAY IN 18	6.0	OR TOWN (IF $\mathbf{T}\mathbf{v}$	autside carpo		RURAL and giv	e negrest to	wn)
d. NAME OF	HOSPITAL (If not in hospital, ITION McCready	give street o	address)		d.	STREET ADDRESS				ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	****	rst ie	F.	Middle	Mars	lost nall	4. DATE OF DEATH	Mar Ma:	reh	Doy 10	Year 1961
s. sex	6. COLOR OR RACE	7. MARR		MARRIED [OF BIRTH -1886		9. AGE (In years last birthday) 75 yrs.		YEAR IF UN ays Haur	
Water		dane 10b.	KIND OF BUS			Tylerto	on, Me		12. CITIZE		T COUNTRY?
13. FATHER'S NA		// al	-77		14. M	OTHER'S MAIDEN					
IS WAS DECEAS	William I			RITY NO. 117	INFORMA	Maggi	e Tyre		lress .		
[Yes, no, or unknown]		service)	one			Tyler,	, Tyle		Md.		
Canditians gave rise cause (a), s lying cause	ta immediate DUE To	(b) (c)	Pent,	arlen	o se	orrlias leros is				yea	ers -
CATIC	II. OTHER SIGNIFICANT COI					nature of injury in			VEN IN PARI I	PERI	FORMED?
20a. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	200. DES	CRIDE TIOTY II	OCCOR	INCD. (EIIIOI	natore of injury in	Truit Fut Tu	THE THE TON			
Haur	INJURY Manth, Day, You a. m. p. m.	20d. It While at warl	NJURY OCCUR Nat whil k at wark	e	PLACE OF factory, str	INJURY (Hame, far eet, affice bldg., et	rm, 20f. (City	y ar lawn)	(Car	unty)	(State)
saw the d	y that (I) (this haspite eceased alive an M					accurred de :				date state	ed abave.
22a. SIGNAT	CoRa	wle	er.			TENDING A	MED.	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICI. NAME (1		wley,	M.D.		22	d. ADDRESS Main	Street	t, Cris	field,	Md.	
230. BURIAL, CRE REMOVAL (S Burial	pecify)	of 1961		of CEMETERY			Z3d. LOCA Tyler	TION (City, tawn, ton, Smit	or county) th Isla		tate)
	ector's signature 8 Sons. Cris	field	ADDRES Marv			25a. REC	MAR 2		ISTRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3558

114778

1. PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE MARYLAND	lived. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CRISFIELD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpord MARION	te limits, write RURAL and give	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street EDW. W. MCCREADY MEM	oddress) ORIAL HOSP	d. STREET ADDRESS R.F.D.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First THOMAS	Middle ARZ IE	MOR GAN, SR. 4. DATE OF DEATH	Manth MAR CH	31 Year 1961
S. SEX MALE 6. COLOR OR RACE WHITE WIDOWI		8. DATE OF BIRTH AUGUST 29, 1897	1 4 1 11 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	Sawmill	TRY 11. BIRTHPLACE (Stote or foreign country) MAR YLAND		U.S.A.
JOHN MORGAN		BETTY Somers	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, ar unknown) (If yes, give war or dates of service)	_	FORMANT OUISE HARRISON	Address CHARLOTTE	AVE CRIS
18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS (C)	rdie Vase.	Descare NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	ONSET AND DEATH 3 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS (200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part	II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. 19 While p. m. 19	Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	or town) (Co	(Stote)
21. I certify that (I) (this hospital) attends saw the deceosed alive on MAR 32.	1 .61	10.251 M	MAR 31 19 6 the causes and on the	201 DATE
22c. PHYSICIAN'S NAMENTARY M. PEYTON		A.D. ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS CRISFIELD	STAFF PHYS. MARYLAND	4-1-61 GNED
230. BURIAL, CREMATION. 23b. DATE THEREOF BUT 161 (Specify) Apr. 3,1961	23c. NAME OF CEMETERY OF Mariners Ceme		ON (City, town, or caunty)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & SonsCrisf:	address ield, Md.	25a. REC'D BY REGISTR		

TO HOSPITAL TO FUNE VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3559

03552

1	1. PLACE OF DEATH a. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Somerset							
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Crisfield Lifetime	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Crisfield							
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Main Street	d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
	3. NAME OF First Middle DECEASED (Type or print) MARGARET EDITH	PEYTON 4. DATE Manth Day Year DEATH March 1 1961							
I	S) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH August 31, 1870 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife At Home	near Marion Station, Md. U.S.A.							
	John A. Adams	14. MOTHER'S MAIDEN NAME Mary Ann Beauchamp							
	(Yes no or unknown) . He was nive way as dates of service)	r. Sarah M. Peyton33 Main StCrisfield, Md							
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Or or carry DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Thromboses Thromboses Thromboses S-10 min The selenosis The selenosis							
J	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40e. P While Not while at wark at wark at wark	LACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) actory, streel, affice bldg., etc.)							
1	21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an Max 1, 1961, and that 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.								
	23a. Burial, CREMATION, REMOVAL (Specify) Burial March 4.1961 23c. NAME OF CEMETERY of Crisfield Cemetery of Cemetery								
5	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & SonsCrisfield, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 25b. REGISTRAR'S SIGNATURE C. Than 8. Than 8.							

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R: This	ward .	1 Exami	should	
AMINE	ing the	Medico	Page 3	
CAL EX	te, writ	Chief :	CTOR:	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please ex	tertifica	farw, d to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremaio	J.
DEPUTY	te W	L W	UNERA	ar remaval.
10	20	fo	101	0

EXAMINER'S NAME (Type)

22a. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

R. H. Johnson M . D.

						NT OF HEA				N.A. Al-	03	553
	PLACE OF DEATH o. COUNTY	erset		MAI	IYLAND	2. USUAL RESIDENCE O. STATE Mar		sed lived. If Institu	tion: Resid	dence bel		
1	o. CITY OR TOWN (It and give nearest town) Princes	outside corporate limits, w	rite RURAL	c. LENGTH OF STAT		c. CITY OR TOWN	N (If outside cor	porole limits, write		nd give n	earest for	vn)
	d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hosp	ital, give street oddr	ess)	d STREET ADDRE	SS				ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)		int Arthur		-	Lost Lyia	4. DATE OF DEATH	Monii Mare		Doy 3.		961
S. 5	male	6. COLOR OR RAC	WIDOWED		A	DATE OF BIRTH		9. AGE (in years lost birthday) 62: yrs.	Months	Days	Hours	Min.
P	oultry F	ON (Give kind of world life, even if retired armer	k done 10b. Ki	ND OF BUSINESS OF	R INDUSTR	Virgin	ia	country)	- 110	U.S		COUNTRY?
		ur Silvi					Marshe	11				
IS.	WAS DECEASED EVE	ER IN U. S. ARMED F (If yes, give war or dates		OCIAL SECURITY NO		Alice	Silvia	Address	38	Anne	N	ld.
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c He	art Diseas	е			inter onse	YAL BETWEEN AND DEA	TH
TION	Conditions, if or gave rise to immed	liate cause	b)				wij.					
	(a), stoting the underlying DUE TO (c) (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										RMED?	
CERTIFICATION	20a. EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	USE WAS NTRIBUTING	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (En	nter nature of injury in	Part I or Part II	of item 18.)			res 🗌	NO <u>1</u>
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Y	While	Not while of work		E OF INJURY (Home, ry, street, affice bldg.,		y or town)	{Co	ounty)		(Stole)
	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .										ind that	
	ACTUAL SIGNATURE	De ja	user			_M.D.	L EXAMINER	Mon	ch 20	0, 1	DATE S	IGNED

22c. NAME OF CEMETERY OR CREMATORY

Princess Anne, Md.

cemetery

DEPUTY MEDICAL EXAMINER & Somerset County

240. RECD BY REGISTRAR MAR 2 3 '61

22d. LOCATION (City, town, or county)

Princess Anne, Md.

24b. REGISTRAR'S SIGNATURE

arthur & Heavy

(State)

VS. AISME(S) SM 9/55

CAUEXAMUNER'S CHETTROATE OF DEATH	2560140
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THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
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FOR STATE HEALTH DEPT elay is necessary, eral director. Page 学生を TO DETAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the seley is necessary please cute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the certain director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Jend 2 with the State Board of the lot its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3554

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Baltimore						
	Somerset	MARYLAND							
write RURAL and g	outsida corporata limits, iva naarast town) Crisfield	2 days	e. city or town (If outside corporata limits, writa 1k	RURAL and give nagrest town)				
	O2 Main St.	hospital, giva street address)	d. STREET ADDRESS 8100 Mid Haven Rd. 8100 Mid Haven Rd.						
3. NAME OF DECEASED (Type or print)	PAUL	Middle FULLER	TOWNSEND	4. DATE Month OF DEATH Marc	Day Year ch 10 1961				
5. SEX Male	6. COLOR OR RACE 7. MAR WIDO		July 8, 1894	9. AGE (In years last birthday) 60 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATIOn done during most of work Mechanic	ing lifa, avan If retirad)	. KIND OF BUSINESS OR INDUSTR Automobile	Y 11. BIRTHPLACE (State	or foreign country) County, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME John	B. Townsend	etini bir deli	14. MOTHER'S MAIDEN NAME Martha Cox						
15. WAS DECEASED EVER (Yas, po, or unkown) (Ify	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1 213-10-2269 Pro		Address	ven Rd.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart condition. (Had long history of treat—Minutes 43 4									
PART II. OTHER S 20s. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF LIMITED. 8:30 p.m.	SE WAS TRIBUTING death Month, Day, Year 20	CRIBE HOW INJURY OCCURED. (E		n, ; 20f. (City or town)	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X				
21. I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)	EXAMINER'S NAME (Type) D. G. Rawley, M.D. DEPUTY MEDICAL EXAMINER X Mar. 13, 1961 Address (Street, city, town, or county)								
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Mar.13,1961	Crisfield Ceme	etery		erset County, Md.				
23. FUNERAL DIRECTOR Bradsha	w & Sons —	Crisfield, Md.		AR 2 0 '61 Car	TRAR'S SIGNATURE				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3563 CERTIFICATE OF DEATH

Reg. Dist. No. 3556

0000				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. If instituti b. COUNTY	on: Residence before admission) Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISITELE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	d River Rive	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION at home	oddress)	d. STREET ADDRESS Lawsonia		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First DECEASED (Type or print) Carl	Middle	Ward.	4. DATE Mor OF DEATH March	
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH June 21, 1	9. AGE (In years lost birthdoy) 67 yrs.	Months Doys Hours Min.
	County t. Adm. Offic	er mary tan	a	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME Zack Ward		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) unknown		nformant eyer L. War	d Cri	sfield, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate codise (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Adven a	/ -	NAL DISEASE CONDITION GIV	ONSET AND DEATH
ICATI	CRIBE HOW INJURY OCCURRE			PERFORMED? YES NO S
20c. TIME OF INJURY Month, Day, Year 20d. In Hour a. m. While	Not while of work	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an	, and that death	occurred at		that I last saw the deceased and an the date stated above stote) DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Apr. 2, 1961	22c. NAME OF CEMETERY OF American Le		22d. LOCATION (City, town, o	or county) (State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE L. Webster	ADDRESS Crisfield	24g, REC'S	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the haspital ar attending physician.

O FUNER'S RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shall be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. may be ref. VS A15 (4) 1SM 9/SS

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FOR STATE TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the liveral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hosth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()3557

1.	e. COUNTY			ICE (Where decaasad livad, If instit	ution: Rasidenca bafore admission)
	Somerset	MARYLAND	e. STATE Man	ryland b. COUNTY	Somerset
1	b. CITY OR TOWN (if outside corporele limits, write RURAL end give neeres! town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporeta limits, writa RUI	RAL end give naerast town)
	Crisfield	36 yrs.	Crisfie	eld, Maryland	39
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		e. IS RESIDENCE
	117 S. 4th Street		117 S.	4th Street	ON A FARM? YES NO
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	DECEASED (Type or print) Lester	Serena	Ward	DEATH March	10 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	19. AGE (In years IF U	
	Male Negro WIDOWE	The state of the s	Mar. 30,	1924 36 yrs. Mo	nths Deys Hours Min.
10		ND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
de	ne during most of working life, even if retired)	TO OT DOUBLES ON HIDOUR			
12	Laborer FATHER'S NAME		Mary]		U.S.A.
1					
1	Lester Serena Ward		Bertha (
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.			Address	
		18-16-8969	Bertha Wa	ard 117 S. 4	th St.
	18. CAUSE OF DEATH Enter only one cause per li	na for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) COT	onary thromb	osis.		Unknown
	420. DUE TO (Pat	ient was dea	ad when se	en by me.	
	/	re was onset			
	geve rise to immadiate cause				
	(e), stating the underlying cause lest. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN I	
PEA					PERFORMED? YES NO X
CERTIFICATION		BE HOW INJURY OCCURED. (E	nter neture of injury In Pe	rt I or Pert II of item 18.)	The Late of the la
GE	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
1V	20c. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, ! 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	Not While fects	ory, street, office bldg., etc		(account) (account)
×	p.m. 19 et worl				
	21. I certify that I took charge of the rem				
	death resulted from: Natural causes	Accident, Suici	de, Homicide	Undetermined mann	er 📗
	00-0		CHIEF MEDICAL	EXAMINER	
	ACTUAL SIGNATURE ORCUPE	y'MW	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
			DEPUTY MEDICA	L EXAMINER X	Mar. 11,1961
	NAME (Type) C. G. Rawley			city, town, or county)	
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (Cily, town, or o	country) (Stete)
	Burial 3-12-61	Asbury Cem	etery	Crisfield	Maryland
23	FUNERALDIKECTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 246. REGISTRA	
<	Anchon A word Profit	Al Home, Cri	sfieldomeAR	14'61 arihun	S. Kraus
-	11 01				

AWART RESERVATION FROM THE MARKET STORE STATE OF THE PARTY THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. The mer to Premier to STORES OF THE WAR THE REPORT OF THE PARTY OF THE Delegation of the second of the second as we sport color have rear to a real time. Charges weather to trans were stable of - The state of the

MARYLAND STATE DEPARTMENT OF HEALTH 3565 CEPTIFICATE OF DEATH

03558

	CERTIFICA	IL OI DEATH	(10000
a. COUNTY	44 4 DVI 4410	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	
SOMERSET	MARYLAND	MARYLAND S	OMER SET
 CITY OR TOWN (If outside corporate limits, RURAL and give neorest town) 	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)
CRISFIELD	65 YRS.	CRISFIELD	
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
D D	VD.	RITCHIE BLED.	YES NO
. NAME OF First	Middle	Last 4. DATE Month	Day Year
DECEASED	27 22 24 25 25	OF OF	
	BIER	WARD HARCH	B 196
	7. MARRIED X NEVER MARRIED	7 30 1005 Jost birthdoy) Mantl	
22-1	WIDOWED DIVORCED		
 USUAL OCCUPATION (Give kind of work do during most of warking life, even if retired) 			CITIZEN OF WHAT COUNTR
Bealer	Seafood Industr	y MARYLAND	U.S.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EDWARD	WARD	SALLY DIZE	
S. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT Address	
Yes, no, or unknown) Yes (If yes give war or dates of sen	220-32-0615 M	RS. MABEL WARD, CRISFI	ELD, MD.
1B. CAUSE OF DEATH [Enter only one cause	se per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIAC FAIL	URE	ONSE! AND DEAT
741 X DUE TO			
Candidan it and out in	ASTHMA		UNKNOWI
gove rise to immediate			0 0 0 0 0 0 0 0 0
couse (o), stoting the under-			
- (0)-	ITIONIC CONTRIBUTING TO DEATH BUT	FAIGT DELATED TO THE TERMINAL DISEASE CONDITION OWENING	DART 1/-1/10 M/AC AUTORS
PART II. OTHER SIGNIFICANT COND		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
NEPHROSCLER			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm, 20f. (City or town)	(Caunty) (Sta
Hour o.m.	While Nat while of work of ot work	ctory, street, office bldg., etc.)	
		Nor 60 Manage 7	61
21. I certify that (I) (this haspital)			
saw the deceased alive on 3-	7-01 19 and that	death accurred at A.M. fram the causes and an	the date stated above
22a. SIGNATURE Charles 74.	Ritheres	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3-7-61gh
ZZC. PMYSICIAN'S		22d. ADDRESS	
NAME (Type) CHARLES H	. LITHGOW, M.	D. CARSON BLDG. CRISFIE	LD. MARYL
3a. BURIAL, CREMATION, 23b. DATE THEREOF		OR CREMATORY 23d. LOCATION (City, town, or coun	
Buria Specify) Mar. 11, 190	61 Sunnyridge C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Bradshaw & SonsCr			
		DATEMAR 13'61 Chilling	1. Thate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be in each by the haspital ar attending physician.

TO FUNERAL IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO FUNERA

VR A15 (4) 15M 9/59

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FOR STATE

HEALTH DEPT

TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please a cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the cald director. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as e burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03559

•	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	Somerset MARYLAND	a. STATE Maryland b. COUNTY Somerset
4	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Rehobeth 6 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manokin
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	RFD, Marion Station	Rural ON A FARM?
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Yeer OF
	(Type or print) ETHEL D.	WARWICK DEATH March 28 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED	8, DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
		August 8, 1881 79 yrs. Months Days Hours Min.
	done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Practical Nurse Nursing	Salisbury, Maryland USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Thomas Dennis	Fannie Williams
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgive weror dates of service)	INFORMANT Address
	No None None M	rs. Earl Price, RFD, Marion Station, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Coronary throi	
	4201 DUE TO	
	Conditions, if eny, which \ (b)	
	gove rise to Immediate couse	
4	(e), sleting the underlying cause last.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	part II. other significant conditions contributing to death but no Mass. apex right lung. (Carein	PERFORMED? YES NO FO
7	Mass, apex right lung. (Carcin	Oma, lung (?) YES NO X (Enter neture of injury in Part I or Part II of item 18.)
- 1	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	Hour e.m. WhileNot While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I took charge of the remains described above, h	
1	death resulted from: Natural causes X, Accident , Sui	cide, Homicide, Undetermined manner
	1012.00	CHIEF MEDICAL EXAMINER
J	SIGNATURE CALLED	M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3-30-61
	EXAMINER'S NAME (Type) C. G. Rawley, M. D.	Address (Street, city, town, or county) Crisfield, Maryland
1	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
3 1	REMOVAL (Specify) 3/30/61 Grace ME Ceme:	tery Pittsville, Maryland
61 L	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
I	Bradshaw & Sons, Crisfield, Maryland	DATE APR 4 '61 aring S. Kraus
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attended to be seen a literate toler, and on the toler Condition 1221 - 1 Callette Armitist, confered to the state of the state AND DELIVER HORSE LONG STATE TO THE STATE OF marking to the last of the second of the planty in the later of the second of the planty of the pla

FOR STATE	3567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.() 356()
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY O. STATE 2. USUAL RESIDENCE (Wybre deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
Heaff, M	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)
your your dof	Kingston Toyrs, Kingston
d for all distriction of the state of the st	d. NAME OPTIOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ODDRESS H. J. BOX, 210 Con A FARM? YES NO
Store Store	3. NAME OF DECEASED (Type or print) Emory Martin Waters 1. DATE Month Doy Yeor 12 1961
3 to the may be a with the orts after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years left Under 1YEAR IF UNDER 24 HRS. WIDOWED DIVORCED DIVORCED VIS. Months Days Hours Min.
ge 5 md 2 72 hood 2	12. CITIZEN OF WHAT COUNTRY?
Hin Z	Seaford + Farmer - NINOSION // Oill
Poges Pages Pages Pages	Emory Waters Mary Henry
Give I Give I Ith form It. File any eve	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (It yes, give wer or dotes of service) 2.12-16-7385 Com States - Rt. 1 Box 210-Kingley
em 18. leng w permi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I, DEATH WAS CAUSED BY:
al, a	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Coronary thrombosis. (History of coronary Instant-
Office and	[Conditions, if ony, which) (b) Memorial Hospital.) Found dead in bed.
a buris	gave rise to immediate couse (o), stoting the underlying couse tost. (c)
pending' cal Exami esed as cremotion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Medic of rial, c	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)
or to bro	20c. TIME OF INJURY Month, Doy, Year PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work of two of
Maritim to the to the program of the	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection _K_, Inquiry _K_, and in my
role, role,	apinion deoth resulted from: Natural causes K, Accident , Suicide , Homicide , Undetermined manner
forward forwar	ACTUAL SIGNATURE P. C. C. M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
es ig	examiner's NAME (Type) C. G. Rawley, M.D. DEPUTY MEDICAL EXAMINER Mar. 13, 1961
A should be still be should be still be should be still be should	220. BURIAL, CREMATION, 226, DAJE THEREOF (1 22c. NAME OF CEMETERY OR CREMATION (City, Iown, or county) (Stole) Md. Kings Ton. Som Co. Md.
S. Alsme	23 EUNERA) DIRECTOR'S SIGNATURE ADORESS L 240. REC'D BY REGISTRAR'S SIGNATURE
5M 2/57	theree H' Ward- Marion State DATE 20'61 8. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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17 - 44m					
					rectant

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HE	OF AL	R S TH	ST/	ITI EF	E
TO DEF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ar	please execute the certificate, writing the word "pending" in pencil in flem 18. Give Pages 1, 2, and 3 to the learn director. Page	lice along with form PM3. Page 5 may be retained for your flesh	FONEMAL DIABLECTOR: range & Should be used as a burnar infanti permit. He pages I and & with the board for the min.	1	
L EXAMINER: This certificate shou	icate, writing the word "pending" ir	to the Chief Medical Examiner's Of	Ok: Page 3 should be used as a bu		
TO DEF	please execute the certifi	4 Should be forwarded	or its designated appart		()

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03561

1.	PLACE OF DEATH				2. USUAL	RESIDEN	CE (Where o	leceesed lived, If	Institution: Resid	ence before edmission)
	Somer			MARYLAND	a. STATE	Mar	yland	b. COUN	Some	rset
	b. CITY OR TOWN (I	outside corporete lim give neerest town)	its,	c. LENGTH OF STAY IN 18	c. CITY C	R TOWN (If outside cor	porate limits, write	RURAL end giv	ve neerest town)
F	Rt. 3, Prin			30 Yrs.	Rural	. Prin	ncess .	Anne ×		
			(if not in hose	pitel, give street eddress)		ADDRESS			-	. IS RESIDENCE
										YES NO
3.	NAME OF DECEASED	Firs		Middle	Last		4. DATE	Month	n De	y Yeer
	(Type or print)	Harry		Washington			DEAT	12012 0		17 - 41
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIR			9. AGE (In years last birthday)	Months Deys	
	Male	Colored	WIDOWE	DIVORCED	May 7,	1930		30 yrs.	Months Deys	Hours Min.
10 de	e. USUAL OCCUPATI	ON (Give kind of working life, even if retire	ed)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPI	ACE (State	or foreign co	ountry)		OF WHAT COUNTRY?
-	Laborer		1000	l Processing		yLand			U.S.	.A.
1 13	. FATHER'S NAME				14. MOTHER					
	George Wat	ers			El:	izabet	th Atk	inson		
	. WAS DECEASED EVE es, no, or unkown) (If			SOCIAL SECURITY NO. 17.	INFORMANT		8	26 N. Adpa	vson Sta	reet.
11	No No	yesgivawai oi datesot.	2	15-26-3991	Marie P	atters	son- B	altimore	. Marvil	and
-	I IB. CAUSE OF D	EATH [Enter only on	cause per li	ne for (a), (b), end (c).]						NTERVAL BETWEEN
4	PART I. DEATH	WAS CAUSED BY	Pu	Lmonary Tuber	anlogie				1	6 Yrs.
	000	MMEDIATE CAUSE (thoriary ruber	COTOSTS					O IIS.
	0	DUE TO								
	Conditions, if any	100								
	geve rise to immedia (a), steting the un	DITE TO								
	cause lest.) (c								
Z	PART II. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	
Ĭ.	18.0									YES NO THE
E E	20a. EXTERNAL CA		DESCRI	BE HOW INJURY OCCURED.	(Enter neture of i	njury in Par	rt I or Pert II o	of item 18.)		
L CERTIFICATION	PRIMARY or CO CAUSE OF DEATH.									
MEDICAL	Hour a.m.	RY Month, Dey, Yo	While		LACE OF INJURY scroory, street, offic			ty or town)	(County)	(Stete)
	21. I certify th	at I took charge	of the rem	ains described above,	held an Autop	sy ,	Inspection	Inqui	y XX ar	nd in my opinion
	death resulted f	rom: Natural c	auses XX.	Accident . Su	icide	lomicide	II. UI	ndetermined m	nanner 🗍	
		2 1 0				MEDICAL	EXAMINER [7		
	ACTUAL ()	14460		•			ICAL EXAMI			DATE SIGNED
	SIGNATURE	- Comment	Jun		M.D.					DAIL SIGNED
	EXAMINER'S NAME (Type)	R. H. John	son, l	M.D.			L EXAMINER	- Contract of the Contract of	cess Anr	3/25/61 ne-Som.Co,Mo
22	BURIAL, CREMATIO		EOF	22c. NAME OF CEMETERY				TION (City, town		(Stete)
	REMOVAL (Specify) Burial	3/26/61		Grace Cemete	מיינר		Vent	on.		Md
1 2:	3. FUNERAL DIRECTO			ADDRESS	J. J		O'D BY REGIS	TRAR 246. REG	ISTRAR'S SIGNA	ATURE
	William	H. James J	ייר	Dringga Ame	Ma	M	AR 28 '	61 a	ribun S. K	rand
_	11-7770111	119 Ochlico 0	T .	Princess Anne	Pid.	DATE				

emission to the Land The BOSE OF BUILDING

	1		
NITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	by the hospital or attending physicion. (TOR: After this certificate hos been signed by the ottending physicion and campletely filled by the funeral director,	detached far use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed with	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 2 Film G283 3/23/61 juk CERTIFICATE OF DEATH 3569 Reg. Dist. No. 1356 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY o. STATE Sommerset h COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Princess Anne Princess Anne (lived on campus home of A NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS the President of College A FARM? Maryland State College YES INO I Maryland State College 3. NAME OF Middle 4. DATE Year Dov OF DEATH Jennie Williams March 1961 (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Female. Colored Oct. 4. 1906 WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife Lexington, Kentucky U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Wendell Mary Alice Kline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address John T. Williams - Maryland State College No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO coese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while of work of work p. m. 1960 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 11.30 P.M. from the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) TO FUNE 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lexington, Kentucky 3-20-67 Greenwood buria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 2 0 '61

802 Madison Ave. . Balto. . Md.

VS A15 (4) 15M 9/55

Charles R. Law

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FOR STATE HEALTH DEPT.

lay is necessary, reral director. Page ed fo your kiles. TO DE) IN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please Secute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the busers 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to buttal, cremation, or removal, and in any event within 72 hours after Beath.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3570 03563

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Somerset MARYLAND					• STATE Maryland b. COUNTY Somerset							
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearast town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Wenona Md. Life time			Wenona									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS						ESIDENCE		
Wenona					Main Road					YES NO		
3. NAME OF First Middle DECEASED					Last	4. DATE Month Da					seeY ye	
(Type or print) Mary Williams						DEAT	н Marc	h	16	19	61	
S.	SEX 6. COLOR OR RACE	. DATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER					
Female Colored widowed Divorced 1			December 24,	1885	75 yrs.	Months D	ays	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						or foraign co	ountry)	12. CITIZ	EN OF	WHAT	OUNTRY?	
Retired Retired			Maryland U.S.A.									
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME							
Henry Ross				Priscilla Jones								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no, or unknown) (Ifyasgiva warordatasofservica)				INFORMANT Addrass								
Ì	No		ot Known		Sarah Riley	Wilmi	ngton De	1.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH											
	PART I. DEATH WAS CAUSED BY: Acute Coronary Heart Disease Sudden Gentle Coronary Heart Disease										death	
	Fell Dead											
	Conditions, if any, which (b)											
	gave rise to immediate cause (e), stating the underlying DUE TO											
	causa last. (c)											
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPS											
Y TI									YES NO			
CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY O OF CONTRIBUTING CAUSE OF DEATH.											
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ', 20f, (City or town) (State)											
MEDICAL	Hour a.m. Whila Not Whila factory, streat, offica bldg., atc.}											
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X_, Inquiry _X_, and in my opinion											
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED									NED		
	DEPUTY MEDICAL EXAMINER DE March 18, 1961											
NAME (Type) R. H. Johnson Address (Straet, city, town, or county) Somerset Count;												
228	REMOVAL (Spacify) Removal (Spacify) Mar. 19.				CREMATORY					(Sta	ia)	
Burial Mar. 19, 61 John Wesley Deal Island Maryland 23. FEMERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR 35 SIGNATURE												
L. J. WEbster Frinces Come md DATE MAR 21 '61 Under & thous												

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